24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES (Schedule F)

Schedule E)	PAGE 1 OF 60 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report	
Full Name of Payee Francesca Blom	Date of Public Distribution/Dissemination
	07 25 Y 2014
Mailing Address 101 Asbury Ct	Amount
City State	Zip Code 80.00
Winchester VA	22602 Transaction ID : 93e5ca65-bbdb-4984-b Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 25 / 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Cory Bryson	07
Mailing Address 216 Dogwood Ln Amount	
City State	Zip Code 95.00
Belmont NC	28012 Transaction ID: a8f6dc9c-248b-4400-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 07 25 / Y 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary
(a) SUBTOTAL of Itemized Independent Expenditures	175.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronic Signature	conically Filed] Date 07 28 2014
2.3.000	